



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 26, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Courtside Banquet, 710 Hill Street requesting a class I liquor license.

This location was previously known as DJ's which held a class I liquor license

James Joneson, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

James Joneson was born in Bethesda, Maryland. Mr. Joneson served in the United States Armed Forces 1967 – 1970 receiving an honorable discharge.

He attended Kearney State College graduating in 1978.

James Joneson employment history is as follows:

2005 - Present	Owner, Leisure Limousine	Lincoln, NE.
1999 - Present	Agent, Highland Financial	Lincoln, NE.
1997 - 2006	Chief of Police,	Ceresco, NE.
1985 – 1991	Director, NCLECS	Lincoln, NE.
1982 – 1985	Chief of Police,	Lexington, NE.

Mr. Joneson will complete the required training on December 11th 2008.



A nationally accredited law enforcement agency



Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read 'Tom Casady', with a stylized, cursive script.

THOMAS K. CASADY, Chief of Police

APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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NOV 20 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name JAMES E Soreen

Phone number: 402.440.2772

Firm Name Court Side Banquet Hall

PREMISE INFORMATIONTrade Name (doing business as) Court Side BanquetStreet Address #1 710 Hill StStreet Address #2 6000 S. 56th StCity LincolnCounty LancasterZip Code 68516Premise Telephone number 402-440-1513

Is this location inside the city/village corporate limits:



YES



NO

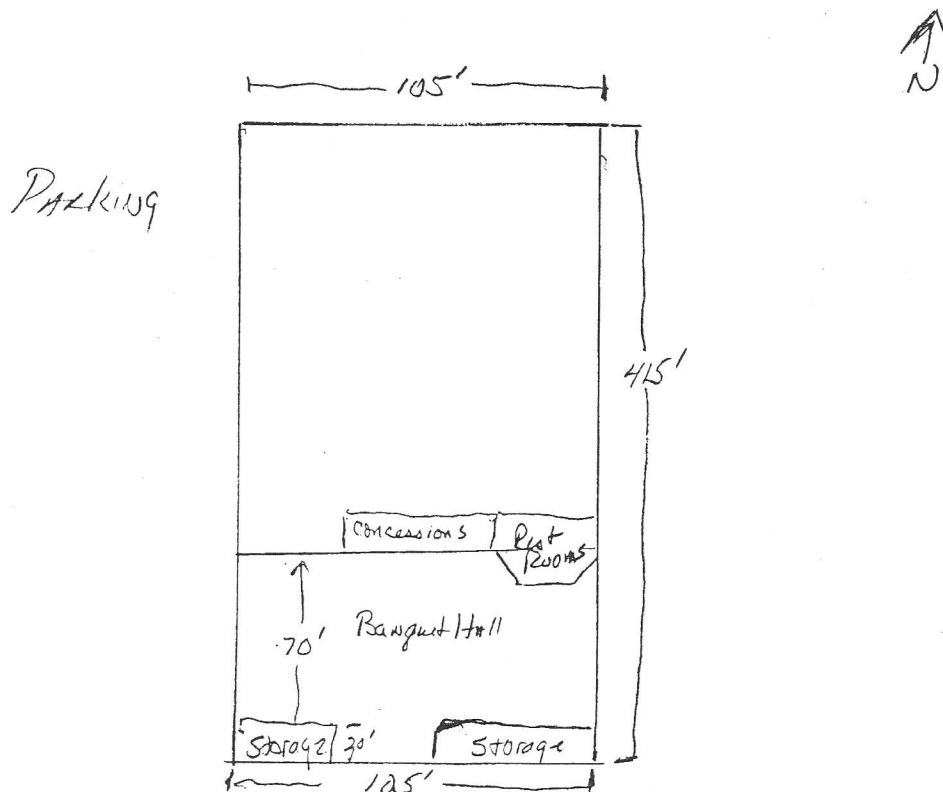
Mail address (where you want receipt of mail from the commission)

Name Down Home Inc.Street Address #1 6000 S. 56th St.

Street Address #2 _____

City LincolnCounty LancasterZip Code 68516**DESCRIPTION AND DIAGRAM OF THE SPACE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



PARKING

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

HS BANK

Steve Miers per applicant

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Steve Miers, held a license 15 yrs ago, terminated because he sold the business

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. JAMES E JONASON

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

34 years Law Enforcement Experience, for the manager

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date

☒ Deed

☐ Purchase Agreement

15. When do you intend to open for business? 11-1-08

16. What will be the main nature of business? Reception's + Banquets

17. What are the anticipated hours of operation? Day - Nite to 12:30 AM

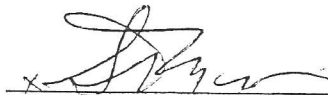
18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS - APPLICANT AND SPOUSE (IF SEPARATE)					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
640 Lake Shore Drive, Lincoln, NE	2001	Present	N/A		
2200 W. Foothills Rd. Lincoln, NE	1994	2001	N/A		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.


Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

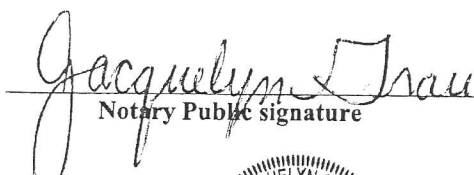
State of Nebraska

County of Lancaster

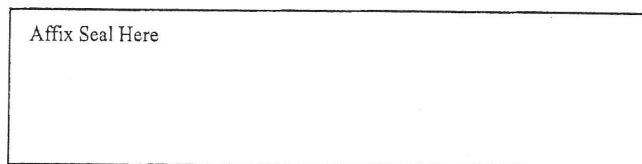
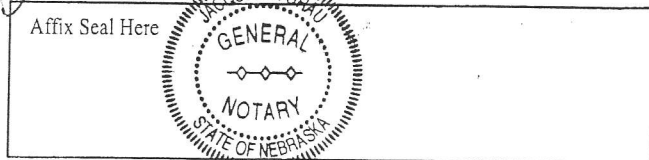
County of _____

The foregoing instrument was acknowledged before me this 10-30-08 by _____

The foregoing instrument was acknowledged before me this _____ by _____


Notary Public signature

Notary Public signature



in compliance with the A.D.A. this form insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NOV 20 2008

NEBRASKALIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Steve Miers

Name of Corporation that will hold license as listed on the Articles

Down Home, Inc.

Corporation Address: 6000 S. 56th

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 730-6000 Fax Number

Total Number of Corporation Shares Issued: 10,000 per articles

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Miers First Name: Steve MI:

Home Address: 640 Lakeshore Dr City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: 402-730-6000



Signature of president

State of Nebraska

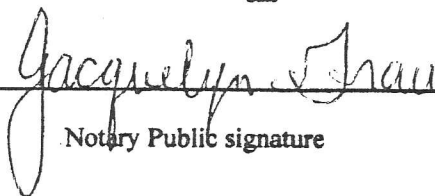
County of Lancaster

The foregoing instrument was acknowledged before me this

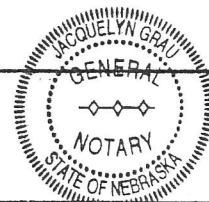
10-30-08
date

by

name of person acknowledged


Notary Public signature

Affix Seal Here



MY COMMISSION EXPIRES
January 22, 2009

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Miers First Name: Steve MI: E

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 10000 per applicant

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Miers First Name: Steve MI: E

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Miers First Name: Steve MI: E

Social Security Number: _____ Date of Birth: _____

Title: Treasurer Number of Shares _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Last Name: Miers First Name: Steve MI: E

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Is the applying Corporation controlled by another Corporation?

☐ YES

☐ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: _____

Down Home Inc.

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Court Side Banquet

Premise Street Address: 710 Hill St.

City: Lincoln

State: NE

Zip Code: _____

Premise Phone Number: 402-440-1513

The individual whose name is listed in the president or contact member category on either liquor license or must sign their name below:

[Signature] President

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: JONESON First Name: JAMES MI: E

Home Address (include PO Box if applicable): 5008 N.W. Cuming St.

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-440-2772 Business Phone Number: 402-476-8132

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Bethesda, Maryland

Are you married? If yes, complete spouse's information (Even if a special affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Joneson First Name: Rhonda
MI: L

Social Security Number _____ Drivers License Number & State: _____ Nebraska

Date Of Birth: _____ Place Of Birth: Phillipsburg, KS.

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
5008 N.W. Cuming St, Lincoln, NE		1997 Present	5008 N.W. Cuming St, Lincoln, NE		1997 Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004 Present	Leisure Limousine and Sedan	Self	402-476-8132
1991 Present	Highlands Financial Resources	Self	402-476-8130

Manager and spouse must review and answer the questions below.
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

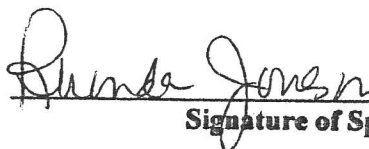
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of Lancaster

County of LANCASTER

The foregoing instrument was acknowledged before me this Oct 30th 08 by

James Joneson

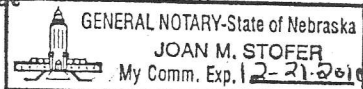
The foregoing instrument was acknowledged before me this NOV. 3rd 08 by

TRICIA L STELLING

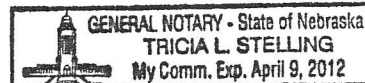

Notary Public signature

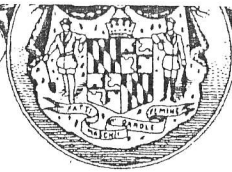

Notary Public signature

Affix Seal Here



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MARYLAND
STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
BIRTH REGISTRATION NOTICE

*This certifies that a certificate of birth has been filed
with the State Registrar of Vital Statistics under the
name of* James Edward Joneson *, sex* Male

born on _____ *, at* Bethesda rural

County of Montgomery *, Maryland.*

Name of father Wallace B. Joneson

Maiden name of mother Barbara Ann Andreu

Date filed Feb. 12, 1948

CC

R. H. Riey

REGISTRAR OF VITAL STATISTICS

NEBRASKA
CONTROL.COM

RECEIVED

United States Naval Hospital

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MARYLAND

HOSPITAL BIRTH CERTIFICATE

This Certifies that

James Edward Joneson

was born in

United States Naval Hospital, National Naval Medical Center
Bethesda, Maryland

on the _____ day of _____ A. D. 19____

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed.

Robert H. Montgomery M. D.
Attending Physician

Lo. Stone
Captain, Medical Corps, United States Navy
Commanding

NEBRASKA
CONTROL COMMISSION

NOV 20 2008

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NOV 20 2006

NEBRASKA LIQUOR
CONTROL COMMISSION

KANSAS STATE BOARD OF HEALTH Division of Vital Statistics				CERTIFICATE OF LIVE BIRTH		BIRTH NUMBER	
JUL 11 1955				Registrar's No. 4267		55 020921	
1. PLACE OF BIRTH a. COUNTY Phillips		b. TOWNSHIP 742		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Kansas		b. COUNTY Phillips	
c. CITY OR TOWN Phillipsburg		Is Place of Birth Within City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kirwin		Is Place of Res. Within City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital or institution, give street address or location) Hospital or Institution Phillips Co. Com./Hospital				d. STREET ADDRESS (If rural, give location)			
4. CHILD'S NAME (Type or print)		a. (First) Rhonda		b. (Middle) Lee		c. (Last) Ellis	
5. SEX F		6. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		7. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/>		8. DATE (Month, Day, Year) BIRTH	
FATHER OF CHILD							
9. FULL NAME a. (First) Harold		b. (Middle) Lee		c. (Last) Ellis		10. COLOR OR RACE W	
11. AGE (at time of this birth) 18 YEARS		12. BIRTHPLACE (State or foreign country) Kansas		13. USUAL OCCUPATION truck driver		14. KIND OF BUSINESS OR INDUSTRY construction	
MOTHER OF CHILD							
15. FULL MAIDEN NAME a. (First) Rachel		b. (Middle) Lee		c. (Last) Marple		16. COLOR OR RACE W	
17. AGE (At time of this birth) 16 YEARS		18. BIRTHPLACE (State or foreign country) Kansas		19. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include this child)			
20. How many OTHER children are now living?		21. How many OTHER children were born alive but are now dead?		22. How many children were stillborn (born dead after 20 weeks pregnancy)?			
23. PARENT: I hereby certify that the information above is correct to the best of my knowledge and belief. Signature Date				24. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (specify)			
25. I hereby certify that this child was born alive on the date stated above. Signature Date				26. DATE SIGNED July 1, 1955			
27. DIVULGED BY LOCAL		28. REGISTRAR'S SIGNATURE		29. DATE ON WHICH GIVEN NAME ADDED By (Registrar)			

CERTIFIED COPY

Topeka, Kansas, August 28, 1961

I hereby certify that the above is a true and exact photographic reproduction of the original certificate on file with the Division of Vital Statistics and Records of the Kansas State Board of Health.

(SEAL)

Division of Vital Statistics and Records

By Dr. A. G. Franzen
(State Registrar)